

SERVICE TYPE	CODE	UNIT INCREMENTS
INSTITUTIONAL SERVICES		
INTERMEDIATE CARE FACILITY NOTE: DD MEMBERS ONLY	0190	Per diem
NURSING FACILITY – LEVEL I	0191	Per diem
NURSING FACILITY – LEVEL II	0192	Per diem
NURSING FACILITY – LEVEL III	0193	Per diem
NURSING FACILITY – LEVEL IV	0194	Per diem
NURSING FACILITY – RESPITE	0199	Per diem. Limited to 25 days per benefit year
BED HOLD – THERAPEUTIC LEAVE	0183	Per diem. Limited to 9 days per benefit year
BED HOLD – HOSPITAL ADMISSION	0185	Per diem. Limited to 12 days per benefit year
ALTERNATIVE RESIDENTIAL SETTINGS NOTE: Modifiers may be used to distinguish levels of care. TF modifier means intermediate level of care. TG modifier means complex/high level of care.		
ASSISTED LIVING HOME	T2031	Per diem
ASSISTED LIVING CENTER	T2033	Per diem
ADULT FOSTER CARE	S5140	Per diem
HABILITATION – RESIDENTIAL (USED FOR DD GROUP HOME)	T2016	Per diem
BEHAVIORAL HEALTH RESIDENTIAL FACILITY NOTE: Behavioral Health Residential may be appropriate for stays of any length. The code is the same.	H0018	Per diem
BEHAVIORAL HEALTH THERAPEUTIC HOME <ul style="list-style-type: none"> Home Care Training to Home Care Client (Child) Home Care Training to Home Care Client (Adult) Home Care Training to Home Care Client (Adult Geriatric) 	S5109 HA S5109 HB S5109 HC	Per diem Per diem Per diem
HOSPICE SERVICES		
ROUTINE HOME CARE	0651	Per diem
CONTINUOUS HOME CARE	0652	Per diem
INPATIENT RESPITE CARE	0655	Per diem
GENERAL INPATIENT CARE	0656	Per diem
SERVICE TYPE	CODE	UNIT INCREMENTS
HOME AND COMMUNITY BASED SERVICES		
ADULT DAY HEALTH CARE	S5100 S5101 S5102	15 Minutes (up to 11 units) Half Day (12 – 23 units) Per Diem (24+ units)

SERVICE TYPE	CODE	UNIT INCREMENTS
HOME AND COMMUNITY BASED SERVICES **Continued**		
ATTENDANT CARE For purposes of modifier U3, U4 or U5, family member means: <ul style="list-style-type: none"> • Spouse • Adult children/Step children of member • Son/Daughter-in-law of member • Grandchildren of the member • Siblings /Step Siblings of member • Parents /Step Parents/Adoptive of members • 18 years (per Federal policy, parents of members < 18 cannot be paid caregivers) • Grandparents • Mother/Father-in-law • Brother/Sister-in-law 	S5125 S5125 / U3 S5125 / U4 S5125 / U5 S5125 / U2 S5125 / U6 S5125 / U7	15 Minutes Provided by spouse, limited to maximum of 40 hours/week Provided by family member, non-spouse, not residing in member's home Provided by family member, non-spouse, residing in member's home Self-Directed Attendant Care (SDAC) SDAC – skilled services Agency With Choice (AWC)
COMPANION CARE	S5135 S5136	15 Minutes Per Diem
COMMUNITY TRANSITION SERVICE	T2038	1 Unit per episode (once per 5 years)
EMERGENCY ALERT SYSTEM	S5160/NU S5161/RR	1 Unit per Service Installation 1 Unit per Service Maintenance
HABILITATION DAY TREATMENT & TRAINING SUPPORTED EMPLOYMENT	T2021 T2020 T2019 T2018	15 Minutes (up to 20 units) Per Diem (21+ units) 15 Minutes (up to 23 units) Per Diem (24+ units)
HOME DELIVERED MEALS	S5170	1 Unit per Meal
HOME HEALTH SERVICES/NURSING	G0299 G0300 S9123 S9124	Home Health Nurse (Intermittent) – Registered Nurse Home Health Nurse (Intermittent) – Licensed Practical Nurse ¹ Home Health Nurse (Continuous) – Registered Nurse Home Health Nurse (Continuous) – Licensed Practical Nurse

G-Code G0154 has been retired by CMS effective January 1, 2016, in order to differentiate levels of nursing services provided during a hospice stay and a home health episode of care. Rather than having the single G-code of G0154 for direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, CMS

HOME HEALTH SERVICES/HOME HEALTH AIDE	T1021	1 Unit per Visit
HOMEMAKER	S5130 S5131	15 minutes Per Diem (Pest Control)
HOME MODIFICATION	S5165	1 Unit per Home Modification Project
PERSONAL CARE	T1019	15 Minutes
RESPIRE - SHORT TERM IN-HOME CONTINUOUS IN-HOME GROUP RESPIRE	S5150 S5151 S5150/HQ	15 Minutes (48 units and under) Per Diem (49 units and over) 15 Minutes

NOTE: Refer to Attachment 1240-2 for more information regarding home health skilled nursing/private duty nursing services.

established new codes to distinguish between RN services (G0299) and LPN services (G0300).